* Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page____of___Page(s) THIS SPACE FOR OFFICE USE ONLY

68 FEB -6 PH 4:29

STATE OF IDAHO

(Type or print clearly in black ink)

		instructions at												
Lobbyist's name and permanent business address							Da	Date prepared				Period covered		
Kent Lauer											month ending			
P.O. Box 167							-							
Во	ise, ID 83	701						2/4/2008				(Mo.)	(Day)	(Yr.)
												1	31	2008
Item 1	Totals	of all reportal	ole expe	nditures made o	r inci	urred by Lobb	oyist o	r b	y Lobbyist's Empl	oyer on b	ehalf c	of Lobb	yist's Emple	oyer.
	tegory of Ex		*Tot	al Amount for		Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
		iving and Travel obbying Activity	All Employers											
Do	Not Have to b	e Reported			Employer No. 1		1	l Employer l		2 Employer No		Io. 3 Employer No. 4		r No. 4
Entertai Food an	inment nd Refreshme	ent	s	88.41	\$	88.4	41	\$		\$			\$	
Living A	Accommodat	ions			_			_						
Adverti	sing				_			_						
Travel					_									
Telepho	one					The state of the s								
•	expenses or S	ervices		170.83	-	170.	83	-						
								-						
		Total	s	259.24	\$	259.	24	\$	0.00	s		0.00	s	0.00
					1		l							
									filed a total amoun					on Page 1.
Item 2		f each expendi	ture of r		ollars		egislate mount	or,	other holder of pu					in Group
	2 Date Place					A	mount	Names of Legislators, Public and Executive Officials						ш Стопр
<u> </u>														
	Continued on	attached page(s)	· · · · · · · · · · · · · · · · · · ·				Ite							
INSTRUCTIONS								m	En	nployer(s)	Name(s	and Ac	ddress(es)	
	······							L	daha Farm Rur	oou Eo	doroti			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code							No. 1 Idaho Farm Bureau Federation							
Filing deadline: Monthly reports due within ten (10) days of the						► P.O. Box 4848								
month for activities of the past month.							P.O. Box 4848 Pocatello, ID 83205-4848							
TO BE FILED WITH:							No. 3							
Ben Ysursa Secretary of State							110. 3							
PO Box 83720														
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4							
1 HORE. (200) 337-2032 1 ax. (200) 337-2202														

	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefited							
5 or	Bill, Resole Legislativ 8, Sen. B 13, 1260,1 7, 1305, 1348,1 1359 House	None None Toposed legislation, the number lution or other legislature activity poporting or opposing. Solution or Other re Ident, Number Bills, 1249,1258 1266,1277,1278 1289,1293,1304, 1313, 1314, 1315 1352,1353, 1354, Bills,391,392,394, 06,407,414,425,426, 28,433,439		LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Code Subject 01 Agriculture, horticulture 17 Health service, medicine, drugs farming, and livestock and controlled substances, healting insurance, hospitals and sports 18 Higher education 03 Banking, finance, credit and 19 Housing construction codes investments 20 Insurance (excluding health insurance) senior citizens 21 Labor, salaries and wages, collective bargaining 04 Children, minors, youth, senior citizens 21 Labor, salaries and wages, collective bargaining 05 Church and religion 21 Law enforcement, courts, judges, crimes, prisons. 07 Ecology, environment, pollution Conservation, zoning, land and water use 24 Liquor 08 Education 25 Manufacturing, distribution and services						
6 bid or		king decision, procurement, ial services or bond lobbyist		political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 15 Government, municipal 16 Government, state CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Date						

---- S T A T E M E N T ----

1-Sale 2-Cash Receipt 3-Credit Memo 4-Fin Charge 5-Debit Memo 8-Adv Collect

(208) 342-2688 (87088)

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P.O. BOX 167

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(208) 342-4141

******************* DOCNUM INV AMOUNT APPLIED TO DOC-DATE TYPE PAYMENT BALANCE ************** 12/06/07 1 243402 170.83 170.83

As always, we appreciate your business.

Current Balance: 170.83

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Freight terms: No charge

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4	4	EACH	9 02 -22		PERF MINIMUM	20.008 *	20.00			
THANK	YOU FO	OR YOUR OR	DER		Sa	le amount Tax		162.86 7.97		
IECEIVEC) huuna 9	Tarach) .	Ba	lance due		170.83		